

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

38323

State File No.

Registrar's No. 10043

**FILED NOV 23 1955**

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

No. 300  
10-48

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital				e. STREET ADDRESS (If rural, give location) 1524 N. Taylor					
3. NAME OF DECEASED (Type or Print) a. (First) Paul			b. (Middle) L.		c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) 11 - 13 - 55		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH May 23, 1934		9. AGE (In years last birthday) 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Ark.			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Archie C. Harris			13b. MOTHER'S MAIDEN NAME Mabel Hall			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-34-7815		17. INFORMANT'S SIGNATURE OR NAME Mabel Harris				ADDRESS 1524 N. Taylor	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Internal Hemorrhage following stab wound of the back.</i></p> <p>ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Justifiable or Homicidal could not be determined</i>						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Office</i>		21c. (CITY, TOWN, OR TOWNSHIP) <i>St. Louis</i>		(COUNTY)		(STATE) <i>Mo</i>	
21d. TIME OF INJURY <i>Nov 13 55 12:30 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>982X E981X</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>110 A.m.</i> , from the causes and on the date stated above.									
23. SIGNATURE <i>James M Kelly</i>				23b. ADDRESS <i>1300 Clark</i>				23c. DATE SIGNED <i>11-16-55</i>	
24a. PORTAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11/19/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) <i>St. Louis, Co.</i>		(State) <i>Mo.</i>	
DATE REC'D BY LOCAL REG. <i>NOV 17 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>G. Wade Granberry</i>				
					ADDRESS <i>4202 Finney Ave</i>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Melvin E. Green*.....

Licensed Embalmer No. *44*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.